



DEPARTMENT OF THE ARMY
U.S. ARMY MEDICAL COMMAND
HEALTH CARE ACQUISITION ACTIVITY
2050 WORTH ROAD, SUITE 37
FORT SAM HOUSTON, TEXAS 78234-6037

REPLY TO
ATTENTION OF

MCAA

11 April 2002

MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: Submission of Commander's Critical Information Requirements (CCIRs), Office Instruction 02-03

1. References:

- a. Army Regulation 190-40, Serious Incident Report, 30 November 1993.
- b. Field Manual 101-5, Staff Organization and Operations, 31 May 1997.
- c. MEDCOM Supplement 1 to AR 190-40, Serious Incident Reports, 5 June 1996.
- d. Memorandum, MEDCOM, MCZX, 19 October 2001, subject: Commanders Critical Information Requirement (Encl 1).

2. Purpose: This document clarifies circumstances and responsibilities surrounding submission of CCIR EXSUMs in accordance with the above references and establishes revised procedures for their submittal.

3. Concept of Operations:

- a. Contracting Centers/Regional Contracting Offices (RCOs) will prepare data/EXSUM template (Encl 2), answering all eight questions and IAW the timeline outlined in reference 1d. Contracting Centers/RCOs will send the template via e-mail to Mr. Albert Jacob and Mrs. Kathleen Battaglia, with copy to Chief of Staff and Commander/Director. Contracting Centers/RCOs may submit CCIR template information by telephone after normal duty hours and/or when email capabilities are not available.

MCAA


SUBJECT: Submission of Commander's Critical Information Requirements (CCIRs), Office Instruction 02-03

b. The HCAA Chief of Staff or designee will review and submit EXSUM for Commander/Director, HCAA approval and forward to MEDCOM EOC, IAW reference 1d in all instances.

c. The HCAA Commander/Director or designee will concurrently forward the EXSUM to OTSG with a copy to the Center or RCO when the EXSUM is approved. The Contracting Centers/Regional Contracting Offices (RCOs) shall not provide a copy of the EXSUM to RMC leadership until approved by the Commander/Director, HCAA.

4. This procedural change is a result of recent CCIR submissions that did not meet CCIR reporting guidance and/or were reported to RMC leadership prior to HCAA approval. We need to ensure accurate, timely, and administratively correct EXSUMs are submitted to the MEDCOM EOC. If there is a question of whether an incident meets the criteria of a CCIR, please contact the POC listed below prior to submission.

5. Our point of contact is Mr. Albert Jacob, DSN 471-3342 during duty hours and (210) 647-5924 after duty hours.

For Roddy 
LINDA H. SMITH
Director

2 Encls

DISTRIBUTION:

Chief, RCOs

Chief, MCC

Chief, MCC-NA

Chief, ERMCCC

Chief, BOB, HCAA

Chief, PAC, HCAA

HCAA BOB-CAT Webmaster

MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: Commander's Critical Information Requirements (CCIR)

1. References:

- a. Army Regulation 190-40, Serious Incident Report, 30 November 1993.
- b. Field Manual 101-5, Staff Organization and Operations, 31 May 1997.
- c. MEDCOM Supplement 1 to AR 190-40, Serious Incident Reports, 5 June 1996.

2. Purpose: This memorandum supercedes MCZX memorandum, subject as above, dated 4 Oct 01. It prescribes the general duties and responsibilities of commanders and staff for reporting CCIR events to the Commander, US Army Medical Command (MEDCOM)/The Surgeon General (TSG). Commander's Critical Information Requirements identify information needed to make timely critical decisions and to visualize operations within the command. They serve as a filter for information by defining what is important to the commander.

3. Responsibilities:

- a. MEDCOM/OTSG Staff develop the initial CCIR list for approval, provide periodic reviews of the list, and update as directed or as information requirements change.
- b. The Directorate of Health Care Operations serves as the focal point for collecting, reviewing and forwarding CCIRs to the MEDCOM Cdr/TSG and responsible staff elements.
- c. Major Subordinate Commanders and AMEDD Executive Agency Directors report CCIRs by exception and develop internal procedures to ensure CCIRs are reported as prescribed.

4. Concept of Operations:

- a. Critical Command Information Requirements are submitted in the standard

Encl 1

MCZX (190-40)

SUBJECT: Commander's Critical Information Requirements (CCIR)

EXSUM format (**see enclosure 1**). The reporting is by exception, only when there is an occurrence of a reportable event. **Enclosure 2** lists situations requiring submission of an EXSUM.

b. All CCIRs will be reported immediately and electronically to TSG's Emergency Operations Center 21 (OP21) at EOC.OPNS@otsg.amedd.army.mil. This office is functional 24 hours a day/7 days a week. The toll free phone number is (866) 677-2128; FAX (703) 681-4971 (DSN 761).

c. If an incident could be considered both a CCIR and a Serious Incident Report (SIR), report the incident only as an SIR. Submission of an SIR will not be delayed due to incomplete information. Additional required information will be provided in subsequent add-on reports. To report Category 3 SIRs, use the standards outlined in MEDCOM Supplement 1 to AR 190-40 to report the information to the MEDCOM Provost Marshal Office within the required time constraints, with concurrent notification to OP21.

5. Points of contact are MAJ Michael W. Smith, DSN 761-0823, and LTC Bruce W. McVeigh, DSN 761-8186.

FOR THE COMMANDER:

--Original Signed--

Encls

PATRICK D. SCULLEY
Major General
Chief of Staff

DISTRIBUTION:

MSC Commanders
DCS, Force Projection
DCS, Force Sustainment
Principal Staff
Special Staff
Personal Staff
Directors, AMEDD Executive Agencies

U N C L A S S I F I E D

EXECUTIVE SUMMARY

30 September 2001

(U) PREPARATION OF AN EXECUTIVE SUMMARY. (U) (DASG-XX) An EXSUM is a brief summary of information either in response to a question or to provide unsolicited information. The EXSUM should not exceed 15 lines. It should be prepared in concise but informal style, making full use of approved acronyms and abbreviations. The EXSUM should begin with the overall classification, followed by the subject (underlined). The originator's organization will appear next, followed by the body of the summary. Ensure that the originator is identified and the EXSUM approved as shown below. "PROVIDE MEMO" should end the summary if a supporting memo exists or was directed to support the EXSUM (otherwise, left off). PROVIDE MEMO_____.

COL Staffer/DASG-XX/681-XXXX
e-mail: Ernest.Staffer@otsg.amedd.army.mil

APPROVED BY _____

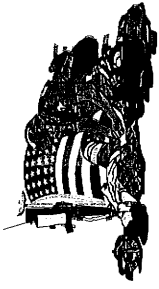
U N C L A S S I F I E D

ENCL 1

ENCL 1 to ENCL 1



COMMANDER'S CRITICAL INFORMATION REQUIREMENTS (Sep 01)



PERSONNEL	SPECIAL EVENTS	OPERATIONAL ISSUES	INFRASTRUCTURE
Death of an AMEDD soldier/contractor/civilian employee, or anyone on an AMEDD post.	AMEDD or MTF in the news or with significant news media implications.	Loss of accreditation of a major program (e.g., NRC Licensure)	AMEDD Installation and facility issues/incidents (e.g., storm damage, arson, flooding, environmental incidents).
Accidents involving MEDCOM/OTSG personnel where there is a loss of life, permanent disability, significant property loss or mission disruption.	VIPs at AMEDD sites (e.g., CSA, VCSA, Congressman, Senator, Sec Army, CJCS, Sec Def, President, Foreign Dignitaries)	Loss of significant operational bed capabilities in a MTF.	A lodged protest regarding a contract issue resulting in GAO issuing a Stop Work Order, thus negatively impacting the AMEDD mission.
A formal complaint (e.g., IG, EEO, grievance) that may potentially embarrass the Command.	International or national crisis with military medical implications	Loss of a major TRICARE network provider	Critical building system failures
Any requirement to deploy PROFIS that has a significant impact on the mission capabilities of one or more MEDCOM MTFs.	Court decisions or administrative agency legal decisions significantly affecting DOD or Army medical policies/programs.	Deployment of MEDCOM Units and SMART teams.	Significant changes to the MHS IM/IT programs
Court decisions or administrative agency legal decisions significantly affecting senior AMEDD military / civilian personnel.	External Audits and Inspections within MEDCOM/OTSG.	Short notice taskings, equipment or personnel, that impact on MTF operational capabilities	Procurement (Contracting) Fraud Alert (DIS, CID, FBI etc.) involving MEDCOM personnel or contractors
Military patients with amputations hospitalized at an Army MTF or under administrative control at a civilian hospital.	Security intrusions into AMEDD information systems (including viruses that penetrate existing security screens with potential to seriously degrade AMEDD mission performance).	Major troop deployments	A major contractor performance default or termination with AMEDD mission implications.
Unplanned admission of active duty Army General Officers will be reported as CCIR. Planned GO and other VIP admissions are reported IAW MEDCOM Reg 40-7.	Items of potentially rapid spreading bad publicity, including: pediatric deaths, wrong site surgery, impaired provider mishap and acts of gross negligence.	Sudden foodborne or animal disease outbreak.	Failure exceeding 72 hours of the Total SPS (Standard Procurement System) PD2 (Procurement Desktop Defense) system for awarding and payment of contractors.
AMEDD International Students visiting the National Capital Region in an official capacity.	Unauthorized electronic release of classified information/loss of COMSEC key material or equipment	Significant increase of disease occurrence for a specific military population.	Unforeseen financial crisis
	Threats or attacks on MEDCOM facilities operations or personnel.	Infiltration of high impact viruses into our information systems	Significant emergency support missions
		Unscheduled loss of major information systems directly supporting the AMEDD for more than 6 hours.	Event that impacts MEDCOM's ability to fulfill readiness mission (e.g., change in status of prepositioned stocks).
		Unusual occurrence of disease, or report of potential bioterrorism in any form.	New Environmental Enforcement Actions/Notices of Violations

ENCL 2

ENCL 2 to ENCL 1

DATA TEMPLATE/DIRECTIONS FOR CCIR COMPLETION.

U N C L A S S I F I E D

EXECUTIVE SUMMARY

DATE

(U) PREPARATION OF AN EXECUTIVE SUMMARY. (U) (MCAA-XX) An EXSUM is a brief summary of information either in response to a question or to provide unsolicited information. **The EXSUM should not exceed 15 lines.** It should be prepared in concise but informal style, making full use of approved acronyms and abbreviations. The EXSUM should begin with the overall classification, followed by the subject (underlined). The originator's organization will appear next, followed by the body of the summary. Ensure that the originator is identified and the EXSUM approved as shown below. "PROVIDE MEMO" should end the summary if a supporting memo exists or was directed to support the EXSUM (otherwise, left off). PROVIDE MEMO _____.

CPT _____/MCAA-XX/681-XXXX
e-mail: Ernest.Staffer@otsg.amedd.army.mil

APPROVED BY _____

U N C L A S S I F I E D

IN THE ABOVE 15 LINES, ADDRESS THE FOLLOWING POINTS:

1. Subject of report.
2. Person & office reporting.
3. Based on TSG CCIR dated September 2001, identify which CCIR category (Personnel, Special Event, Operational Issue, Infrastructure) and sub-element.
4. How the reporting activity found out about the CCIR (media, first hand, mail).
5. What is, or was the impact of CCIR.
6. Current status of the situation.
7. What is being done to correct the CCIR.
8. If asked for, prepare a formal memorandum to further explain.

Encl 2